was a lady, aged 56), and a portion of the alveolus had been extracted on the idea that the pain was due to pressure from a buried dental snag, but this proved not to be the case.

Dr. Brown made an incision along the lower border of the jaw and dissected upward till he reached the mental foramen. Then he ran a red-hot steel wire a quarter of an inch or more into the foramen and completely destroyed the nerve for that distance. Considerable hemorrhage followed the operation, but the wound healed kindly and the patient was completely restored to health and perfect freedom from pain. The doctor never witnessed a more satisfactory result from an operation, and he thinks that in the actual cautery of nerves is a remedial measure on which, in many cases, we can depend when others fail, and one that, in many instances, may supersede nerve-stretching, as well as possibly be of great benefit in tetanus.

TREATMENT OF ASTHMA.—Dr. R. B. Faulkner of Alleghany, Pa., claims, *N. Y. Med. Record*, Sept. 25, to have succeeded, in cases of spasmodic asthma that were resistant to other treatment, by the use of local counterirritation over the course of the pneumogastrics in the neck, with tincture of iodine, even to producing a blister. He also gives iodide of potash internally. This treatment not only appears to afford quick relief from the paroxysms, but to prevent their return. All the cases on which he has tried this treatment since the idea occurred to him, three in number, have had the same relief.

URECHITES SUBRECTA.—Dr. Isaac Ott, *Therapeutic Gazette*, Oct. 15th, publishes his investigation on the physiological action of Urechites subrecta, a Jamaica plant passing under the local name of nightshade, which had been already chemically described by J. J. Bowrey, Government chemist of Jamaica. The latter found it to contain three active substances in its poisonous leaves, which he named urechitoxin, amorphous urechitoxin and urechitin, all glucosides. The last-named one includes all the poisonous principle, the urechitoxin being a chemically-changed urechitin.

Dr. Ott's experiments were performed on cats, frogs and rabbits. Its general effects had been already described by Bowrey, including vomiting, incoördination, weakness, sweating, convulsive movements, salivation, etc., and therefore most of his own experiments were mostly directed to find its action on the various vital organs respectively. Dr. Ott found that it does not specially affect the motor nerves, nor completely destroy sensibility, though that is much impaired. This impairment is due to its effects on the spinal cord ; the convulsions are probably cerebral, as they were not observed after section of the medulla in frogs. As regards its action on the circulation he found that it decreased the frequency of the cardiac pulse, and increased and then decreased the arterial tension. This depression of the pulse is not due to irritation of cerebral inhibitory centres, as it appeared after the vagi had been divided. Nor is it due to the peripheral inhibitory apparatus, as this was paralyzed with atropia without changing the effect. As the drug reduces the irritability of striped muscular fibre it is probable that its action was exerted on the cardiac muscle itself. It was found not to paralyze the vagus.

The increase of blood pressure is produced by an action on the peripheral vaso-motor system and not by one on the prime vaso-motor centre. As it produces a cramped condition of the intestinal tube, it is possible that this may have to do with the increase of arterial tension. Further experiments, however, are needed to decide the question. The following parallel of the actions of urechitin and aconite is offered, the statements in regard to the action of the latter drug being mainly on the authority of Dr. J. M. Murray.

Urechitin.	*Aconite.*
Contains no nitrogen.	Contains nitrogen.
Powerful toxicant.	Powerful toxicant.
Kills mainly through cardiac arrest.	Kills mainly through respiratory apparatus.
Does not paralyze motor nerves.	Does not paralyze motor nerves.
Does not paralyze sensory nerves, but does the spinal sensory ganglia.	First paralyzes sensory nerves, and then nerve trunks, and finally the spinal sensory ganglia.
Reduces pulse by an action on the heart, probably on its muscular structure.	Reduces pulse by an action on the intracardiac ganglia.
Increases arterial tension, and then reduces it ; the rise is due either to peripheral vaso-motor system, or to cramp of the intestinal canal.	Increases and then decreases arterial tension by an action on the cardiac ganglia.
Does not paralyze the pneumogastrics.	Small doses paralyze the pneumogastrics.
Causes no delirium cordis.	Causes delirium cordis.
Is a salivator.	Is a salivator.
Increases the secretion of the skin.	Increases the secretion of the skin.

It will be seen from the above that while its action is somewhat different from that of aconite, the results are very similar. Dr. Ott advises, therefore, its trial in diseases where aconite is found useful. On account of its dangerous special properties, he advises the use of digitalis in case of poisoning. The paper concludes with an account of an experiment on a man weighing 215 pounds, who took five drops of the fluid extract followed at intervals of forty and thirty minutes respectively by additional doses of five and twenty drops. This produced, as in the lower animals, decreased pulse, salivation, perspiration, vomiting and diarrhœa.

ACONITIA.—The following are the conclusions of a paper by Dr. Sidney Ringer on the antagonisms of aconitia on the frog's heart, in the *Journal of Physiology*, ii, 5 and 6 :

1. Aconitia slows and weakens the heart and incoördinates the ventricular contraction, this incoördination occurring before the heart's contractions are greatly weakened.

2. Sometimes the contractions, though greatly slowed and very incoördinate, continue fairly strong till the heart stops.

3. Aconitia acts on the ventricle far more powerfully than the auricles.

4. Aconitia has a more powerful action on the cerebro-spinal centres than on the nervous structure of the heart, for after complete paralysis the heart often continues to contract well for a considerable time.

5. The general depression from a poisonous dose of aconitia is partly and perhaps chiefly due to the direct action of the drug on the nervous centres, rather than to the weakening of the circulation consequent on the failure of the heart.

6. Atropia antagonizes the action of aconitia on the heart. It restores the contractions in a heart arrested by aconitia, and strengthens, accelerates, and coördinates the heart simply weakened, slowed, and incoördinated by aconitia.

7. Aconitia does not antagonize the action of muscarin, nor can muscarin antagonize the action of aconitia on the heart.

8. Atropia antagonizes the combined effects of aconitia and muscarin.

9. Pilocarpine does not antagonize the action of aconitia on the heart.

10. Atropia antagonizes the combined effects of aconitia and pilocarpine.